14135 150TH AVENUE

14135 ISUTH AVENUE	
BLOOMER 54724 Phone: (715) 288-6311 Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License:	FDDs
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03): 28 Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03): 28 Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03: 26 Average Daily Census:	27

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	왕
Home Health Care	No	Primary Diagnosis	용	Age Groups	ફ ફ		15.4
Supp. Home Care-Personal Care	No			I .		1 I ICUID	30.8
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	65.4	More Than 4 Years	50.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	11.5		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	15.4		96.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	7.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	34.6		
Transportation	No	Cerebrovascular	0.0			RNs	8.0
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	9.7
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	53.8	Aides, & Orderlies	55.8
Mentally Ill	No	I		Female	46.2		
Provide Day Programming for		I	100.0				
Developmentally Disabled	Yes	I			100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				26	100.0	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	26	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		26	100.0		0	0.0		0	0.0		0	0.0		0	0.0		26	100.0

Facility ID: 3010 County: Chippewa Page 2 EAGLETON HOME-FDD

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Admissions, Discharges, and		Percent Distribut	ion of Residents'	Condit	ions, Services	, and Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:	- 1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		69.2	30.8	26
Other Nursing Homes	0.0	Dressing	19.2		65.4	15.4	26
Acute Care Hospitals	16.7	Transferring	57.7		23.1	19.2	26
Psych. HospMR/DD Facilities	50.0	Toilet Use	26.9		50.0	23.1	26
Rehabilitation Hospitals	16.7	Eating	23.1		50.0	26.9	26
Other Locations	16.7	* * * * * * * * * * * * * * * * * * * *	******	*****	*****	*****	******
Total Number of Admissions	6	Continence		용	Special Trea	itments	용
Percent Discharges To:	1	Indwelling Or Ext	ernal Catheter	0.0	Receiving	Respiratory Care	15.4
Private Home/No Home Health	0.0	Occ/Freq. Inconti	nent of Bladder	88.5	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Inconti	nent of Bowel	69.2	Receiving	Suctioning	3.8
Other Nursing Homes	25.0				Receiving	Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving	Tube Feeding	7.7
Psych. HospMR/DD Facilities	0.0	Physically Restra	ined	0.0	Receiving	Mechanically Altered Diet	s 76.9
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	75.0	With Pressure Sor	es	0.0	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	4				Receiving	Psychoactive Drugs	69.2

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD cilities	All Facilties			
	%	용	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	89.6	1.08	87.4	1.10		
Current Residents from In-County	19.2	33.5	0.57	76.7	0.25		
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00		
Admissions/Average Daily Census	22.2	21.3	1.04	141.3	0.16		
Discharges/Average Daily Census	14.8	25.0	0.59	142.5	0.10		
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00		
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00		
Residents Aged 65 and Older	34.6	15.3	2.26	87.8	0.39		
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52		
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00		
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40		
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00		
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00		
Impaired ADL (Mean)*	50.0	53.1	0.94	49.4	1.01		
Psychological Problems	69.2	50.1	1.38	57.4	1.21		
Jursing Care Required (Mean) *	13.0	11.0	1.18	7.3	1.77		
